

## Fill in this information to identify the case:

Debtor name Wellness Analysis, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF TEXASCase number (if known) 18-41066 Check if this is an amended filing

## Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 7, 2018X /s/ Mustophia Oulad Chikh

Signature of individual signing on behalf of debtor

Mustophia Oulad Chikh

Printed name

Sole Member

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Wellness Analysis, LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF TEXAS**Case number (if known): **18-41066**
 Check if this is an  
amended filing
**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Agilent 2850 Cenerville Road Wilmington, DE 19808						\$3,640.00
Apollo Labs 1890 Crown Drive Suite 1330 Dallas, TX 75234						\$5,424.00
BioSafe Supplies 4751 Distribution Court Suite 12 Orlando, FL 32822						\$2,268.00
CGM Lab Division 10715 Red Run Owings Mills, MD 21117						\$70,000.00
GoSharps 3044 Old Denton Road Suite 111-266 Carrollton, TX 75006						\$2,500.00
Internal Revenue Service 1100 Commerce St., 5024 DAL Dallas, TX 75242						\$32,000.00
MyLab Reference Lab 580 Commerce St. Suite 150 Southlake, TX 76092						\$36,801.00
On Site PC Services 1205 S White Chapel Suite 110 Southlake, TX 76092						\$4,265.00

Debtor **Wellness Analysis, LLC**  
Name

Case number (if known)

**18-41066**

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Oulad Chikh Family Trust P.O. Box 814829 Farmers Branch, TX 75381						<b>\$2,000,000.00</b>
Quantum Analysis 3400 East Third Ave San Mateo, CA 94404		equipment		\$324,000.00	\$200,000.00	\$124,000.00
Siemens Financial 170 S Wood Ave Iselin, NJ 08830						<b>\$27,000.00</b>
Siemens Healththinners 40 Liberty Malvern, PA 19355						<b>\$8,339.00</b>
Suez Water Treatment 1217 W Corporate Drive Arlington, TX 76006						<b>\$1,195.00</b>
Suterwala Medical Consulting 7301 Balmoral Drive Colleyville, TX 76034						<b>\$2,500.00</b>
UPS 55 Glenlake Parkway NE Atlanta, GA 30328						<b>\$364.00</b>
Wade Rosenberg c/o Brent Rodine 2001 Byran Street Suite 1800 Dallas, TX 75201			Contingent Unliquidated Disputed			<b>\$475,000.00</b>

## Fill in this information to identify the case:

Debtor name **Wellness Analysis, LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF TEXAS**Case number (if known) **18-41066** Check if this is an amended filing

## Official Form 206Sum

### Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: **Summary of Assets**1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00**1b. **Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **625,000.00**1c. **Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **625,000.00**Part 2: **Summary of Liabilities**2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **498,387.28**3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **32,000.00**3b. **Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **2,639,296.00**4. **Total liabilities** .....

Lines 2 + 3a + 3b

\$ **3,169,683.28**

## Fill in this information to identify the case:

Debtor name **Wellness Analysis, LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF TEXAS**Case number (if known) **18-41066** Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?** No. Go to Part 2. Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

3.1. **Bank of America** **\$0.00**3.2. **Regions** **\$0.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$0.00****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?** No. Go to Part 3. Yes Fill in the information below.**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?** No. Go to Part 4. Yes Fill in the information below.**11. Accounts receivable**

Debtor Wellness Analysis, LLC  
NameCase number (If known) 18-41066

11a. 90 days old or less:	<u>600,000.00</u>	-	<u>480,000.00</u>	= ....	<u>\$120,000.00</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$120,000.00**Part 4: Investments****13. Does the debtor own any investments?**

No. Go to Part 5.  
 Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

No. Go to Part 6.  
 Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.  
 Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

No. Go to Part 8.  
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. <b>Office furniture</b> <b>computers, chairs, desks,</b>	<u>\$0.00</u>	<u>\$5,000.00</u>
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40. **Office fixtures**41. **Office equipment, including all computer equipment and communication systems equipment and software**42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$5,000.0044. **Is a depreciation schedule available for any of the property listed in Part 7?**

No  
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

No

Debtor Wellness Analysis, LLC  
NameCase number (*If known*) 18-41066 Yes**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?** No. Go to Part 9. Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**47.1. laboratory equipment \$0.00 \$500,000.00**48. Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels***49. Aircraft and accessories****50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)****51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$500,000.00**52. Is a depreciation schedule available for any of the property listed in Part 8?** No Yes**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?** No Yes**Part 9: Real property****54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes Fill in the information below.**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?** No. Go to Part 11. Yes Fill in the information below.**Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

 No. Go to Part 12. Yes Fill in the information below.**Current value of  
debtor's interest**

Debtor Wellness Analysis, LLC  
NameCase number (*If known*) 18-41066

71. **Notes receivable**  
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

**Claims against Wade Rosenberg****Unknown**

Nature of claim \_\_\_\_\_

Amount requested \_\_\_\_\_

**\$0.00**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples:* Season tickets, country club membership

78. **Total of Part 11.** \_\_\_\_\_ **\$0.00**  
Add lines 71 through 77. Copy the total to line 90.

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

No

Yes

Debtor Wellness Analysis, LLC  
NameCase number (*If known*) 18-41066Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$120,000.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$5,000.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$500,000.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$625,000.00</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$625,000.00</u>

## Fill in this information to identify the case:

Debtor name **Wellness Analysis, LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF TEXAS**Case number (if known) **18-41066**

Check if this is an  
amended filing

## Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

## 1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
2.1 <b>Beckam Coulter</b> <small>Creditor's Name</small>	<b>\$120,789.00</b>	<b>\$200,000.00</b>
<b>5505 N Cumberland Chicago, IL 60650</b> <small>Creditor's mailing address</small>	<b>Describe debtor's property that is subject to a lien</b>	
	<b>Describe the lien</b>	
	<b>Is the creditor an insider or related party?</b>	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
	<b>Is anyone else liable on this claim?</b>	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
<b>Date debt was incurred</b>		
<b>Last 4 digits of account number</b>		
<b>Do multiple creditors have an interest in the same property?</b>	<b>As of the petition filing date, the claim is:</b>	
<input checked="" type="checkbox"/> No	<small>Check all that apply</small>	
<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
2.2 <b>DeLAge Landen</b> <small>Creditor's Name</small>	<b>\$53,598.28</b>	<b>\$105,000.00</b>
<b>111 Old Eagle Shore Upper Darby, PA 19082</b> <small>Creditor's mailing address</small>	<b>Describe debtor's property that is subject to a lien</b>	
	<b>Describe the lien</b>	
	<b>Is the creditor an insider or related party?</b>	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
	<b>Is anyone else liable on this claim?</b>	
	<input type="checkbox"/> No	
	<input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
<b>Date debt was incurred</b>		
<b>Last 4 digits of account number</b>		
<b>Do multiple creditors have an interest in the same property?</b>	<b>As of the petition filing date, the claim is:</b>	
	<small>Check all that apply</small>	

Debtor Wellness Analysis, LLC

Case number (if known)

18-41066

Name

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

Contingent  
 Unliquidated  
 Disputed

2.3 **Quantum Analysis** \$324,000.00 \$200,000.00  
 Creditor's Name

**3400 East Third Ave  
 San Mateo, CA 94404**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply

Contingent  
 Unliquidated  
 Disputed

3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** \$498,387.28

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

## Fill in this information to identify the case:

Debtor name **Wellness Analysis, LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF TEXAS**Case number (if known) **18-41066** Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

 No. Go to Part 2. Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Internal Revenue Service</b>  <b>1100 Commerce St., 5024 DAL</b> <b>Dallas, TX 75242</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$32,000.00</b> <b>\$32,000.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>Agilent</b> <b>2850 Cenerville Road</b> <b>Wilmington, DE 19808</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$3,640.00</b>
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
	Date(s) debt was incurred	Basis for the claim: _____
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address <b>Apollo Labs</b> <b>1890 Crown Drive</b> <b>Suite 1330</b> <b>Dallas, TX 75234</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$5,424.00</b>
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
	Date(s) debt was incurred	Basis for the claim: _____
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Wellness Analysis, LLC</b> Name	Case number (if known)	<b>18-41066</b>	
3.3	Nonpriority creditor's name and mailing address <b>BioSafe Supplies</b> <b>4751 Distribution Court</b> <b>Suite 12</b> <b>Orlando, FL 32822</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,268.00</b>
3.4	Nonpriority creditor's name and mailing address <b>CGM Lab Division</b> <b>10715 Red Run</b> <b>Owings Mills, MD 21117</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$70,000.00</b>
3.5	Nonpriority creditor's name and mailing address <b>GoSharps</b> <b>3044 Old Denton Road</b> <b>Suite 111-266</b> <b>Carrollton, TX 75006</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,500.00</b>
3.6	Nonpriority creditor's name and mailing address <b>MyLab Reference LAb</b> <b>580 Commerce St.</b> <b>Suite 150</b> <b>Southlake, TX 76092</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,801.00</b>
3.7	Nonpriority creditor's name and mailing address <b>On Site PC Services</b> <b>1205 S White Chapel</b> <b>Suite 110</b> <b>Southlake, TX 76092</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,265.00</b>
3.8	Nonpriority creditor's name and mailing address <b>Oulad Chikh Family Trust</b> <b>P.O. Box 814829</b> <b>Farmers Branch, TX 75381</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,000,000.00</b>
3.9	Nonpriority creditor's name and mailing address <b>Siemens Financial</b> <b>170 S Wood Ave</b> <b>Iselin, NJ 08830</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,000.00</b>

Debtor	<b>Wellness Analysis, LLC</b>	Case number (if known)	<b>18-41066</b>
Name			
3.10	Nonpriority creditor's name and mailing address <b>Siemens Healththinner</b> <b>40 Liberty</b> <b>Malvern, PA 19355</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$8,339.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address <b>Suez Water Treatment</b> <b>1217 W Corporate Drive</b> <b>Arlington, TX 76006</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$1,195.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.12	Nonpriority creditor's name and mailing address <b>Suterwala Medical Consulting</b> <b>7301 Balmoral Drive</b> <b>Colleyville, TX 76034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$2,500.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	Nonpriority creditor's name and mailing address <b>UPS</b> <b>55 Glenlake Parkway NE</b> <b>Atlanta, GA 30328</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$364.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address <b>Wade Rosenberg</b> <b>c/o Brent Rodine</b> <b>2001 Byran Street</b> <b>Suite 1800</b> <b>Dallas, TX 75201</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$475,000.00</b>
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 <b>Bob Blackwell</b> <b>7557 Rambler Road</b> <b>Suite 1450</b> <b>Dallas, TX 75231</b>	Line <u>3.14</u> _____	_____
	<input type="checkbox"/> Not listed. Explain _____	

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

	<b>Total of claim amounts</b>
5a. Total claims from Part 1	<b>\$ 32,000.00</b>
5b. Total claims from Part 2	<b>\$ 2,639,296.00</b>

Debtor Wellness Analysis, LLC  
Name \_\_\_\_\_

Case number (if known) 18-41066 \_\_\_\_\_

**5c. Total of Parts 1 and 2**  
Lines 5a + 5b = 5c.

5c. \$ 2,671,296.00

## Fill in this information to identify the case:

Debtor name **Wellness Analysis, LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF TEXAS**Case number (if known) **18-41066** Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

## 1. Does the debtor have any executory contracts or unexpired leases?

 No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form. Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **landlord**

State the term remaining

List the contract number of any government contract

**VVS Logistics**

## Fill in this information to identify the case:

Debtor name **Wellness Analysis, LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF TEXAS**Case number (if known) **18-41066** Check if this is an amended filing

## Official Form 206H

### Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

## 1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: **Codebtor**Column 2: **Creditor**

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Mustophia Oulad Chikh****P.O. Box 814829  
Dallas, TX 75381****DeLAge Landen** D 2.2 E/F \_\_\_\_\_ G \_\_\_\_\_2.2 **Mustophia Oulad Chikh****P.O. Box 814829  
Dallas, TX 75381****Internal Revenue Service** D \_\_\_\_\_ E/F 2.1 G \_\_\_\_\_2.3 **Mustophia Oulad Chikh****P.O. Box 814829  
Dallas, TX 75381****Quantum Analysis** D 2.3 E/F \_\_\_\_\_ G \_\_\_\_\_2.4 **Mustophia Oulad Chikh****P.O. Box 814829  
Dallas, TX 75381****Wade Rosenberg** D \_\_\_\_\_ E/F 3.14 G \_\_\_\_\_

## Fill in this information to identify the case:

Debtor name **Wellness Analysis, LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF TEXAS**Case number (if known) **18-41066** Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/16**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business** None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**

From **1/01/2018** to **Filing Date**

Operating a business

**\$13,000.00**

Other \_\_\_\_\_

**For prior year:**

From **1/01/2017** to **12/31/2017**

Operating a business

**\$17,000.00**

Other \_\_\_\_\_

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
Check all that apply

Debtor **Wellness Analysis, LLC**Case number (if known) **18-41066****4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address	Dates	Total amount of value	Reasons for payment or transfer
Relationship to debtor			

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Rosenberg v. Wellness 380-00058-2108	suit on debt	380th Judicial District Court 2100 Bloomdale McKinney, TX 75069	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Wellness v. Rosenberg 380-00254-2018		380th District Court 2100 Bloomdale McKinney, TX 75069	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

Debtor Wellness Analysis, LLCCase number (if known) 18-41066 None

Custodian's name and Address  Wade Rosenberg c/o Brent Rodine 2001 Byran Street Suite 1800 Dallas, TX 75201	Describe the property  Reciever appointed Bob Blackwell	Value  Unknown
	Case title	Court name and address
	Case number	
	Date of order or assignment	

**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

 None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

 None

Description of the property lost and how the loss occurred	Amount of payments received for the loss  If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Dates of loss	Value of property lost
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**Part 6: Certain Payments or Transfers**

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None.

Who was paid or who received the transfer?  Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Eric Liepins P.C. 12770 Coit Road Dallas, TX 75251			\$6,770.00

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

Debtor Wellness Analysis, LLCCase number (if known) 18-41066 None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

 None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

Address	Dates of occupancy From-To
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**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	---

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?** No. Yes. State the nature of the information collected and retained.**personal and medical information**

Does the debtor have a privacy policy about that information?

 No Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?** No. Go to Part 10. Yes. Does the debtor serve as plan administrator?**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

Debtor Wellness Analysis, LLCCase number (if known) 18-41066**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

 None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

 None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

 None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.** No. Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

Debtor Wellness Analysis, LLCCase number (if known) 18-41066

No.  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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## 24. Has the debtor notified any governmental unit of any release of hazardous material?

No.  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business**

## 25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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## 26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
26a.1. Kenin O'Connor 2099 Valley View Lane Dallas, TX 75234	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Debtor	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address
------------------

## 27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No  
 Yes. Give the details about the two most recent inventories.

Debtor Wellness Analysis, LLCCase number (if known) 18-41066

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Mustophia Oulad Chihk	P.O. Box 814829 Dallas, TX 75234	sole member	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No  
 Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No  
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No  
 Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No  
 Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
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Debtor Wellness Analysis, LLC

Case number (if known) 18-41066

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 7, 2018

/s/ Mustophia Oulad Chikh

Signature of individual signing on behalf of the debtor

**Mustophia Oulad Chikh**

Printed name

Position or relationship to debtor Sole Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No  
 Yes

**United States Bankruptcy Court**  
**Eastern District of Texas**

In re Wellness Analysis, LLC

Debtor(s)

Case No. 18-41066  
Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Mustophia Oulad Chikh</b> <b>P.O. Box 814829</b> <b>Dallas, TX 75381</b>			<b>100%</b>

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **Sole Member** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date June 7, 2018Signature /s/ Mustophia Oulad Chikh  
Mustophia Oulad Chikh

*Penalty for making a false statement of concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

Revised 12/1/2009

LBR Appendix 1007-b-6

**United States Bankruptcy Court  
Eastern District of Texas**

In re **Wellness Analysis, LLC**

Debtor(s)

Case No.  
Chapter

**18-41066**  
**11**

**VERIFICATION OF CREDITOR MATRIX**

I, the Sole Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **June 7, 2018**

**/s/ Mustophia Oulad Chikh**  
**Mustophia Oulad Chikh/Sole Member**  
Signer/Title